### Practitioner's Docket No. 2757/101

**PATENT** 

# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Marc O. Schurr

Application No.: 10/722,109 Group No.: 3774

Filed: 11/25/2003 Examiner: Matthews, W.H.

For: Medical Implant

RESPONSE UNDER
37 C.F.R. § 1.116
EXPEDITED PROCEDURE
EXAMINING GROUP
3774

Attention: Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

# AMENDMENT OR RESPONSE AFTER FINAL REJECTION--TRANSMITTAL

1. Transmitted herewith is an amendment after final rejection (37 C.F.R. 1.116) for this application.

# **STATUS**

**2.** Applicant is other than a small entity .

# **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant petitions for an extension of time under 37 C.F.R. 1.136 (fees: 37 C.F.R. 1.17(a)(1)-(4)) for one month:

Fee: \$120.00

### FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col.1)		(Col. 2)	(Col. 3)	OTHER THAN			SMALL ENTITY		
	CLAIMS									
	REMAINING		HIGHEST NO							
AFTER			PREVIOUSLY	PRESENT				ADDIT.		
	AMENDMENT		PAID FOR	EXTRA	RATE		FEE			
TOTAL	6	MINUS	36	= 0	X	\$	50.00	=	\$	0.00
INDEP	1	MINUS	3	= 0	X	\$	210.00	=	\$	0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						\$	0.00	=	\$	0.00
							TOTAL		\$	0.00
						AD:	DIT. FEE			

No additional fee for claims is required.

#### **FEE PAYMENT**

5. Authorization is hereby made to charge the amount of \$120.00 to Deposit Account No. 19-4972.

Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

## FEE DEFICIENCY

**6.** If any additional extension and/or fee is required, charge Account No. 19-4972.

If any fee for claims is required, charge Account No. 19-4972.

Date: August 6, 2008

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# IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Schurr Att'y Docket: 2757/101

Serial No: 10/722,109 Examiner: Matthews, W.H.

Date Filed: November 25, 2003 Art Unit: 3738

Invention: Medical Implant

Attn: Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

# **AMENDMENT**

# Dear Sir:

In response to the Office Action of April 25, 2008, made final, Applicant responds as follows.

Applicant requests entry of the Amendments to the Claims reflected in the Listing of the Claims on page 2 of this paper.

**Remarks** begin on page 4 of this paper.

Applicant submits that the present amendment places the application in condition for allowance and, in the alternative, simplifies the issues for appeal.